

OSCAR REPORT 3
HISTORY FACILITY PROFILE

HOBBLE CREEK CARE CENTER PROVIDER #: 46A068 FACILITY BEDS TYPE ACTION: RECERTIFICATION
469 NORTH MAIN PHONE NUMBER: (801) 489-9408 TOTAL: 44
SPRINGVILLE UT 84663 PARTICIPATION DATE: 12/01/1991 CERTIFIED: 44 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 09/17/2003	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 44
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TOTAL: 23	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 0	SUSPENSION RESCINDED:	-- ----- --
MEDICAID: 21		44
OTHER: 2		

CURRENT SURVEY REVISIT DATES - 11/20/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
08/2000		11/2001		08/2002		09/17/2003			
X	D								REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
X	D								REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
X	D								REQ F0174-ACCESS TO TELEPHONE WITH AUDITORY PRIVACY
				X	D				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
				X	G				REQ F0241-DIGNITY
				X	E				REQ F0272-COMPREHENSIVE ASSESSMENTS
				X	D				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
				X	D				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	D						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	D			X C	D	10/20/2003	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	D			X C	D	11/15/2003	REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
X	E			X	D				REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
				X	D				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	E			X	D				REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
X	E			X	D				REQ F0494-NURSE AIDE TRAINING/COMPETENCY
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	85 EXIST	2000 EXIS		
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE	
SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION	
08/2000	11/2001	08/2002	09/25/2003		LSC DEFICIENCIES - BLDG NO. 01
X					K0018-CORRIDOR DOORS
X	X	X	X N		K0025-SMOKE PARTITION CONSTRUCTION
			X C	10/21/2003	K0060-SPRINKLER ALARM SYSTEM

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

HOBBLE CREEK CARE CENTER

PROVIDER #: 46A068

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 08/2000	85 EXIST PRIOR 2 SURVEY 11/2001	85 EXIST PRIOR 1 SURVEY 08/2002	2000 EXIS CURRENT SURVEY 09/25/2003	PLAN/DATE OF CORRECTION
	X	X	X C	10/21/2003
			X P	10/21/2003
	X			

LSC DEFICIENCIES - BLDG NO. 01

K0062-SPRINKLER SYSTEM MAINTENANCE
K0075-WASTEBASKETS
K0130-OTHER

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HOBBLE CREEK CARE CENTER

PROVIDER #: 46A068

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	2	9	4	6
HEALTH TOTAL	2	9	4	6
LIFE SAFETY CODE	4	2	3	2
LIFE SAFETY CODE + HEALTH	6	11	7	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
07/03/2001	SUBSTANTIATED
12/04/2002	UNSUBSTANTIATED
06/12/2003	UNSUBSTANTIATED
10/09/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY